



MISSOURI HIGHER EDUCATION EQUITY  
**BRIDGES TO SUCCESS**

**WHITE PAPER:**

**EQUITY IN MENTAL  
HEALTH DURING  
COVID-19**



DEPARTMENT OF  
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# CURRENT STATUS

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Higher education institutions were facing a mental health “crisis” long before the onset of the COVID-19 pandemic. More students were seeking care than ever before, and incidence rates of anxiety, depression, and stress were on the rise. At the same time, the faculty and support staff on America’s campuses were facing high rates of burnout. The [Spring 2019 American College Health Association National College Health Assessment](#) found the top factors impacting academic performance were stress (reported by 34.2 percent of students), anxiety (27.8 percent), sleep difficulties (22.4 percent), and depression (20.2 percent).<sup>1</sup> But students are not impacted by mental health equitably, nor do they all receive the same level of care.

In 2014, the World Health Organization (WHO) wrote a [report](#) detailing the social determinants of mental health. What they found was, “Certain population subgroups are at higher risk of mental disorders because of greater exposure and vulnerability to unfavorable social, economic, and environmental circumstances, interrelated with gender.”<sup>2</sup> For the last 17 years, the Agency for Healthcare Research and Quality has documented this reality in the [National Healthcare Quality and Disparities Report](#), compiling the most recent research from across the country. Most notably, it reports “nearly 57 percent of the U.S. population with any mental illness does not receive needed treatment,” and “unmet need is even greater for racial and ethnic minority populations.” Further, when people of color do receive services, it is often lower quality than that of their white peers.<sup>3</sup> Those in the LGBTQ community are also inequitably impacted by mental health concerns. In the most recent [Youth Risk Behavior Survey](#), lesbian, gay, or bisexual students were more than twice as likely as heterosexual students to experience persistent feelings of sadness or hopelessness and were more than three times as likely to have seriously considered attempting suicide.<sup>4</sup>

The COVID-19 pandemic has put a strain on an already strained system. Increased responsibilities, precarious financial situations due to job loss, worry about the health of family and friends, and uncertainty about the future have led to increased stress and anxiety. Moreover, as people began to isolate and practice social distancing, the typical supports and social safety nets relied upon have been diminished. Those within institutions of higher education – including students, faculty, and staff – have been acutely impacted

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<sup>1</sup> *American College Health Association-National College Health Assessment II: Reference Group Executive Summary Spring 2019* (Silver Spring, MD: American College Health Association, 2019), 5.

<sup>2</sup> World Health Organization and Calouste Gulbenkian Foundation. *Social determinants of mental health* (Geneva: World Health Organization, 2014), 9.

<sup>3</sup> *2019 National Healthcare Quality and Disparities Report* (Rockville, MD: Agency for Healthcare Research and Quality, 2020), AHRQ Pub. No. 20(21)-0045-EF, O28.

<sup>4</sup> Centers for Disease Control and Prevention, *Youth Risk Behavior Survey Data Summary & Trends Report: 2009-2019*, 97-98.

## STUDENTS

Numerous surveys have been conducted among college students globally and nationwide since the start of the pandemic. Overwhelmingly, students believe their mental health has suffered since the start of the COVID-19 pandemic. The [Active Minds Student Mental Health Survey](#), conducted in September 2020, found almost 76 percent of college students reported COVID-19 has worsened, worsened somewhat, or worsened significantly their mental health. Specifically, 88.8 percent experienced stress or anxiety, 79.4 percent experienced disappointment or sadness, and 77.8 percent experienced loneliness or isolation.<sup>5</sup> These trends were confirmed in the [Chegg.org Global Student Survey](#), which conducted interviews with undergraduate students in 21 countries. They found that 75 percent of U.S. students strongly or highly agree with the statement, “My mental health has suffered during the period of COVID-19,” second only to Brazil. Furthermore, 91 percent of U.S. students reported increased stress and anxiety, the highest of all participating countries.<sup>6</sup> Similarly, a [survey](#) conducted by Hobsons and Hanover Research found 68 percent of students feel that COVID-19 has either somewhat negatively or very negatively impacted their mental health.<sup>7</sup>

The lowest incidence of emotional or mental health concerns or conditions were reported in [the Student Experience in the Research University Consortium survey](#) administered from May to July 2020. In that study, about 40.3 percent of undergraduate and 24.6 percent of graduate professionals reported conditions such as depression, anxiety, and post-traumatic stress disorder.<sup>8</sup> In stark contrast, [a June 2020 survey](#) by the Centers for Disease Control and Prevention found that 74.9 percent of respondents ages 18-24 reported at least one adverse mental or behavioral health symptom, most commonly anxiety and depression. While 10.7 percent of total respondents reported having seriously considered suicide in the last 30 days before completing the survey, that percentage jumped to 25.3 percent for those aged 18-24.<sup>9</sup>

These findings have cascading effects and compound inequities within the college experience. The same [Student Experience in the Research University Consortium survey](#) found that:

*Students with emotional or mental health concerns or conditions were more likely than students without emotional or mental health concerns or conditions to experience financial hardships during the pandemic, including lost wages from family members, lost wages from off-campus employment, and increased living and technology expenses. Furthermore, students with emotional or mental health concerns or conditions were also less likely to live in safe environments free from abuse (physical, emotional, drug, or alcohol) and more likely to experience food and housing insecurity.<sup>10</sup>*

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<sup>5</sup> Active Minds, “Student Mental Health Survey (September 2020),” (2020), 2.

<sup>6</sup> Chegg.org, *Global Student Survey*, (2021), 32-33.

<sup>7</sup> Hobsons and Hanover Research, *Higher Ed Student Success Survey: Fall 2020* (Starfish by Hobsons, 2021), 9.

<sup>8</sup> Bonnie Horgos et al. *The Impact of the COVID-19 Pandemic on Undergraduate and Graduate Students with Emotional or Mental Health Concerns or Conditions* (Berkeley: Center for Studies in Higher Education, 2020), 1.

<sup>9</sup> Mark É. Czesler et al. “Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic -- United States, June 24-30, 2020,” *Morbidity and Mortality Weekly Report* 69, no. 32 (2020): 1, 3.

<sup>10</sup> Horgos, *Impact of COVID-19*, 1.

<sup>11</sup> Higher Ed Student Success, 19-20.

<sup>12</sup> Course Hero and NASPA, *Student Wellness During COVID-19: What Role Do Universities Play in Supporting their Students?* (College Pulse, 2020), 3.

Despite the widespread need for services, students are not accessing mental health care, and levels of access differ across instructional modalities. The [survey](#) conducted by Hobsons and Hanover Research found that 77 percent of respondents have not reached out to mental health services on campus. Of those who do, half were attending classes in person; only 22 percent of students who reached out for services attend virtually and 23 percent attend in a hybrid format.<sup>11</sup> These findings align with a [survey](#) from College Pulse, commissioned by Course Hero and the National Association of Student Personnel Administrators, which found that 77 percent of students have not used tele-health, tele-counseling, grief counseling, support groups, or emergency services during the pandemic.<sup>12</sup> A [survey](#) developed by the Healthy Minds Network in collaboration with the American College Health Association found only 58.2 percent of students have not tried to access mental health care. However, of those who did, 60.1 percent said the pandemic made it somewhat or much more difficult to do so.<sup>13</sup>

Instead, students are relying on their friends, families, and pets to cope,<sup>14</sup> embracing technology to connect when doing so in person is restricted. A [survey](#) conducted by the Hi, How Are You Project and American Campus Communities in September 2020 found that 78 percent of students turn to technology to connect, and the most common platforms students utilized were text (87%), Snapchat (80%), and phone or video conversations (75%).<sup>15</sup>

## FACULTY AND STAFF

While the effects of COVID-19 on student mental health have been well-documented, the effects of the pandemic on faculty and staff are less so. However, it is increasingly becoming a concern of college and university presidents. Since April 2020, the American Council on Education has surveyed college and university presidents to better understand the challenges they face as a result of COVID-19. [In the first survey](#), a quarter of presidents said the mental health of faculty and staff was one of the most pressing issues they faced due to the pandemic. By [February 2021](#), that number had climbed to 58 percent.<sup>16</sup>

This concern is not unwarranted. A recent [survey](#) of campus counseling center directors and clinicians by Mantra Health found over 90 percent of respondents reported burnout, a much higher rate than other mental health professionals. Furthermore, 45 percent of clinicians agreed or strongly agreed that their workload compromises their ability to provide quality care.<sup>17</sup>

Two recent surveys conducted in fall 2020 have also documented the increased stress on faculty brought on by COVID-19. A [Course Hero survey](#) of full- and part-time faculty found about 75 percent of faculty reported “significant stress as a result of challenges transitioning to new modes of teaching,” and nearly two-thirds of respondents said that “challenges meeting the emotional and mental health needs of students caused significant stress.”<sup>18</sup> Most troubling is their finding that faculty stress has increased throughout the pandemic.

A [survey](#) conducted by The Chronicle of Higher Education on behalf of Fidelity Investments found that 32 percent of faculty reported being extremely or very stressed at the end of 2019. By the fall of 2020, that percentage had more than doubled (69%). Of all the ranks of professors, tenure-track faculty expressed the highest levels of stress and fatigue, and 43 percent reported seriously considering changing careers.<sup>19</sup>

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<sup>13</sup> Healthy Minds Network and American College Health Association, *The Impact of COVID-19 on College Student Well-being*, (2020), 6. <sup>14</sup> “Student Mental Health Survey,” 4.

<sup>15</sup> Hi, How Are You Project and American Campus Communities, *College Students’ Perspective on Mental Health During COVID-19*, (2020), 3.

<sup>16</sup> Morgan Taylor et al. “College and University Presidents Respond to COVID-19: 2021 Spring Term Survey,” American Council on Education, March 4, 2021.

<sup>17</sup> David Walden et al. *Provider burnout in counseling centers due to COVID-19: Implications and recommendations for improving work satisfaction and overall wellbeing*, (Mantra Health, n.d.), 4.

<sup>18</sup> Course Hero, “Faculty Wellness and Careers,” November 18, 2020.

<sup>19</sup> Alina Tugend, “*On the Verge of Burnout*”: COVID19’s impact on faculty well-being and career plans, (The Chronicle of Higher Education, Inc., n.d.), 7, 11-12.

# FINDING SOLUTIONS

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Student mental health concerns cannot be adequately addressed without first addressing the mental health needs of the faculty and staff with whom they interact. This starts by listening to their needs, which can vary widely. The [Mantra Health survey](#) found that mental health practitioners desire a sense of community through camaraderie (37.4%), the ability to discuss how they feel (30.1%), and additional time off (30.1%).<sup>20</sup> Conversely, faculty indicated in the [Course Hero survey](#) that they want a rise in pay (53%), modifications to teaching schedule or load (46%), new or better access to technology and supports (34%), and additional staffing supports (26%).<sup>21</sup>

It is also important to listen to the students to understand their experiences and lived reality. Two annual, nationally normed options that institutions can use are the [Healthy Minds Study](#) and the [American College Health Association-National College Health Assessment](#). If neither option fits campuses' needs, they should create their own; any assessment is better than none.

Institutions are also poised to take on a greater equity focus as they attempt to meet the unmet mental health needs on their campuses.

- Mental Health Taskforces have been utilized by several campuses across the country to identify needs and coordinate services in a more intentional and effective way. The American Council on Education has published two resources on the topic: [a survey of the existing landscape](#) and how mental health task forces can be [a tool for addressing inequities](#).
- As campuses seek to increase the number of staff within their counseling centers, they should also look to recruit more diverse practitioners and expand their existing educational pipelines so they are training a more diverse workforce. According to the [National Healthcare Quality and Disparities Report](#) 84 percent of psychologists are White, compared to 62 percent of the U.S. population.<sup>22</sup> The disparities that exist within the profession only exacerbate the disparities in access to quality care.
- The Jed Foundation and The Steve Fund created the [Equity in Mental Health Framework](#), which lists 10 recommendations and implementation strategies for institutions to implement to support their students of color:
  1. Identify and promote the mental health and well-being of students of color as a campus-wide priority
  2. Engage students to provide guidance and feedback on matters of student mental health and emotional well-being
  3. Actively recruit, train and retain a diverse and culturally competent faculty and professional staff
  4. Create opportunities to engage around national and international issues/events
  5. Create dedicated roles to support well-being and success of students of color
  6. Support and promote accessible, safe communication with campus administration and an effective response system
  7. Offer a range of supportive programs and services in varied formats
  8. Help students learn about programs and services by advertising and promoting through multiple channels
  9. Identify and utilize culturally relevant and promising programs and practices, and collect data on effectiveness
  10. Participate in resource and information sharing (within and between schools)

By listening and supporting those students who are at the greatest risk for adverse mental health conditions, colleges and universities can begin to tackle the mental health crisis that has plagued campuses for years. The COVID-19 pandemic has brought this issue to the forefront, and it is important to start now so the effects are not felt for years to come.

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<sup>20</sup> Walden et al. Provider burnout, 5.

<sup>21</sup> Course Hero, "Faculty Wellness and Careers."

<sup>22</sup> 2019 Healthcare Quality and Disparities, O29.